

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

Small PHA Plan Update

Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**



**PHA Plan  
Agency Identification**

**PHA Name:** Hot Springs Housing Authority

**PHA Number:** SD 019

**PHA Fiscal Year Beginning: (mm/yyyy)** 07/2001

**PHA Plan Contact Information:**

Name: Hot Springs Housing Authority

Phone: 605-745-4067

TDD: 605-745-4067

Email (if available): elderly@gwtc.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

- X Main administrative office of the PHA  
PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- X Main administrative office of the PHA  
PHA development management offices  
Main administrative office of the local, county or State government  
Public library  
PHA website  
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X Main business office of the PHA  
PHA development management offices  
Other (list below)

**PHA Programs Administered:**

Public Housing and Section 8      Section 8 Only      Public Housing Only x

## Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

The Hot Springs Housing Authority has prepared its second Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements. Staff, Commissioners and Residents have worked to insure that our plan fits the needs of our small 100-unit agency which is designated for the elderly/disabled. We feel our planning process has been beneficial, though time consuming, as we continue to work on improving our fine Housing Authority.

## **1. Summary of Policy or Program Changes for the Upcoming Year**

The Hot Springs Housing Authority has not made any changes to its policies or programs and does not foresee the need to do so in the upcoming year.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. XYes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 135,116.00\_\_\_\_\_

C. XYes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

Yes SD019a01 CFP 2001 Plan

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment SD019a01 CFP 2001 Plan

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No X: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition Disposition	
3. Application status (select one) Approved Submitted, pending approval Planned application	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) Part of the development Total development	
7. Relocation resources (select all that apply) Section 8 for      units Public housing for      units Preference for admission to other public housing or section 8 Other housing for      units (describe below)	
8. Timeline for activity: Actual or projected start date of activity: Actual or projected start date of relocation activities: c. Projected end date of activity:	

## **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. Yes No: X Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

Yes No: X Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. Yes No x Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **Resident Advisory Board (RAB) Recommendations and PHA Response**

1. Yes No: ☒ Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ The PHA changed portions of the PHA Plan in response to comments
  - ☐ A list of these changes is included
    - Yes No: below or
    - Yes No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☐ Other: (list below)

The Resident Advisory Board members studied the plan and offered no changes.

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (South Dakota Housing Development Authority)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)



Other: (list below)

PHA Requests for support from the Consolidated Plan Agency

Yes No: X Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### **C. Criteria for Substantial Deviation and Significant Amendments**

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

The Hot Springs Housing Authority may have to change the 5-year plan if we are able to secure funding to change our heat/cool system which is presently not what it needs to be. However, it wouldn't be a deviation since we have had it in our planning dependent on final A/E plans and funding.

#### **B. Significant Amendment or Modification to the Annual Plan:**

If some unforeseen expenses in excess of \$200,000 affects the Authority's operations, an amendment or modification would become necessary.



**Attachment A**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

	<p>PHDEP-related documentation:</p> <p>Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</p> <p>Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</p> <p>Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</p> <p>Coordination with other law enforcement efforts;</p> <p>Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</p> <p>All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</p>	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the public housing A &amp; O Policy</p>	Pet Policy
X	<p>The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings</p>	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	<p>Other supporting documents (optional)</p> <p>(list individually; use as many lines as necessary)</p>	(specify as needed)

## Small PHA Plan Update Page

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## Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name:		Grant Type and Number			Federal FY of Grant:
Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:     )			
<del>Performance and Evaluation Report for Devied Funding</del>		<del>Final Performance and Evaluation Report</del>			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				






**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

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## PHA Public Housing Drug Elimination Program Plan

**Note:** THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

### **Section 1: General Information/History**

- A. Amount of PHDEP Grant \$**\_\_\_\_\_
- B. Eligibility type (Indicate with an "x")** N1\_\_\_\_\_ N2\_\_\_\_\_ R\_\_\_\_\_
- C. FFY in which funding is requested** \_\_\_\_\_
- D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other" identify the # of months)

**12 Months**\_\_\_\_\_ **18 Months**\_\_\_\_\_ **24 Months**\_\_\_\_\_

### **G. PHDEP Program History**



## A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

Enter the total amount of PHDEP funding allocated to each line item.

[illegible]

<p>In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information on activities that are not planned or are not concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.</p>	<p><b>9110 – Reimbursement of Law Enforcement</b></p>	<p><b>Total PHDEP Funding \$</b></p>
--	---	--------------------------------------

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$</b>		
------------------------------------	--	--	--	--	--------------------------------	--	--

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							





**Required Attachment \_sd019b01\_\_\_: Resident Member on the PHA Governing Board**

1. Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year?  
(if no, skip to #2)

Name of resident member(s) on the governing board:

Paul Boeyink

How was the resident board member selected: (select one)?

Elected

Appointed ☒

C. The term of appointment is (include the date term expires):

Appointed to fill out an unexpired term 06/1998; expires 05/2001.

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

- B. Date of next term expiration of a governing board member: 05/2001

Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor and City Council

**Required Attachment \_sd019c01\_\_\_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Dearld Bagley  
Gordon Edgar  
Jack Dyke  
Duane Dodson  
Joyce Harper  
Emma Lorensen  
Joan McLaughlin  
Leona Pinnt

All volunteered to be on the Resident Advisory Board.

## **CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Hot Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: X SD06P01950100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	27,000.00			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	4,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	72,000.00			
11	1465.1 Dwelling Equipment Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	27,116.00			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Hot Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: X SD06P01950100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:     )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of linesÖ ..)	135,116.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to SecurityñSoft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part II: Supporting Pages**

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages										
PHA Name: Hot Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No:SD06P01950100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories			Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]





## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name Hot Springs Housing Authority				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2001 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2002 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2003 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2004 PHA FY: 2005
SD019	Annual State ment				
		1460 ñ 20,000.00	1460 ñ 96,750.00	1460 ñ 95,116.00	1460 ñ 100,000.00
		1465.1 ñ 40,000.00	1430 ñ 6,000.00	1475 ñ 10,000.00	1430 ñ 5,116.00
		1450 ñ 25,116.00	1410 ñ 2,366.00	1406 ñ 30,000.00	1406 ñ 30,000.00
		1475 ñ 20,000.00	1406 ñ 30,000.00		
		1406 ñ 30,000.00			
Total CFP Funds (Est.)		135,116.00	135,116.00	135,116.00	135,116.00
Total Replacement Housing Factor Funds					

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pagesó Work Activities SD019**

Activities for Year 1	Activities for Year :_2002____ FFY Grant: 2001 PHA FY: 2002			Activities for Year: 2003____ FFY Grant: 2002 PHA FY: 2003		
	Paint Stairwells	1460	10,000.00	Replace windows	1460	96,750.00
	Replace 100 doorknobs	1460	5,000.00	Fees & Costs	1430	6,000.00
	Cut down entrance glass	1460	5,000.00	Administration	1410	2,366.00
	Replace 100 stoves	1465.1	40,000.00	Operations	1406	30,000.00
	Chip & seal parking	1450	25,116.00			
	Replace maintenance tractor	1475	20,000.00			
	Operation	1406	30,000.00			

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pagesó Work Activities SD019**

Activities for Year 1	Activities for Year :_2004____ FFY Grant: 2003 PHA FY: 2004			Activities for Year: 2005____ FFY Grant: 2004 PHA FY: 2005		
	Complete Window Replacement	1460	75,000.00	Cut Side Hill, Add Retaining Wall, Parking & Maintenance Storage Shed	1450	100,000.00
	Replace Horizontal Water Lines	1460	10,000.00	Fees & Costs	1430	5,116.00
	Replace circulating pumps	1460	10,116.00	Operation	1406	30,000.00
	Replace Dining Room Furniture	1475	5,000.00			
	Upgrade Office Machines	1475	5,000.00			
	Operations	1406	30,000.00			

Other Identified Needs as Funds Allow:

Modernize 5 apartments for handicap accessibility

Remodel 95 apartment kitchens, especially cupboards and ventilation

Emergency generator

Replace shower valves

Office addition